



APPLICATION FOR FOOD SERVICE ESTABLISHMENT LICENSE

Rev March 15, 2005

Phone (785) 296-5600 FAX (785) 296-6522

Please mail **Application & Check** to: **Kansas Department of Health and Environment**
Bureau of Consumer Health ATTN: Food Protection Section
Application MUST accompany Check **1000 SW Jackson Ste 330**
Topeka, Kansas 66612-1365

Date _____ **APPLICATION MUST BE FULLY COMPLETED.** All facilities must be inspected and licensed *prior* to operation.
Completion and submission of this form does not constitute authorization to open a food service establishment.

Establishment Information

Establishment Name _____ Date operation to begin _____
Previous Establishment Name _____
Street Address _____ Phone () _____
City _____ KS Zip _____ County _____
State Tax ID # _____ OR Fed ID # _____ - _____ OR Social Security # _____ - _____ - _____

Owner Information (PLEASE LIST LEGAL OWNERSHIP; corporation, limited partnership, individual, etc.)

Owner name _____ E-mail Address _____
Mailing Address _____ Phone () _____
City _____ State _____ Zip _____

Optional Mailing Address

Name _____
Mailing Address _____ Phone () _____
City _____ State _____ Zip _____

List all persons, individuals, partners, officers, holders, or owners of 10% or more of voting stock, and persons in an officer or executive capacity of the corporation. Notify the Dept of Health and Environment within 30 days of any changes in the listing given.

Name	Title

FEES SCHEDULE: LICENSES ARE ISSUED FOR THE CALENDAR YEAR. ALL LICENSES EXPIRE DECEMBER 31 OF THE YEAR FOR WHICH LICENSE WAS ISSUED. APPLICATION FEE NOT REFUNDABLE.

APPLICATION FEE \$ 200.00
LICENSE FEE \$ 200.00
TOTAL DUE \$ 400.00

**SATELLITE SCHOOLS AND
SATELLITE SENIOR MEAL SITE**

APPLICATION FEE \$ 200.00
LICENSE FEE \$ 130.00
TOTAL DUE \$ 330.00

Topeka Office Use Only

Application Completed
Date _____
By _____

Credit Card Information – DISCOVER CARD ONLY

A 2.5% convenience fee will be assessed on this transaction to cover the costs associated with the acceptance of this credit card.

Acct. Number: _____ **Exp. Date:** _____
(Please Print Clearly)

Signature as on Card: _____
By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

Mail License to: _____ Mail Renewal to: _____
____ Establishment _____ Establishment
____ Owner _____ Owner
____ Optional Address _____ Optional Address

For Official Use Only

Inspector ID #: _____
Pre licensing Inspection
Date: _____

Applicant's Name (print) _____
TITLE

Applicant's Signature _____

For more information, visit our web site at www.kdhe.state.ks.us/fpcs